

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000049323 (7)

1. Corporation Name  
**DOUGLIN MANAGEMENT CORPORATION**



Principal Place of Business: P.O. BOX 121 DEBARY FL 32713  
Mailing Address: P.O. BOX 121 DEBARY FL 32713

3. Date Incorporated or Qualified: 07/08/1993  
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3192181	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ABELES, DAVID E  
5 W HIGHBANKS RD  
DEBARY FL 32713

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SHALETT CHARLES	1.2 NAME	LINDA STAMPFLI
STREET ADDRESS	505 DELTONA BLVD	1.3 STREET ADDRESS	12738 S. GROSHONG ROAD
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	MOLALLA, OR 97038
TITLE		2.1 TITLE	D
NAME		2.2 NAME	RON ADE
STREET ADDRESS		2.3 STREET ADDRESS	8511 SERENATA DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WHITTIER, CA 90603
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	DAVID E. ABELES
STREET ADDRESS		4.3 STREET ADDRESS	5 W. HIGHBANKS ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DEBARY, FL. 32713
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

407-668-8511

Date

Daytime Phone #

CR2E034 (12/95)